Chapter 11
INTRODUCTION TO COUNSELING

In this section of the manual, we shall turn our attention to the counseling issues involved for helping battered women/sexual assault survivors in finding ways of "getting free" from the violence in their lives.

Before moving to the specific areas in this section, it is helpful to review the articles on qualities of a good counselor and the helping relationship. It may also be helpful to review the stages of a battered woman's victimization in the article excerpted from *Counseling the Abuse Victim* by Linda Shaw.

The remainder of this section is devoted to examining the various issues involved in counseling, including feminist/empowerment approaches to helping and information needed to provide quality counseling. Within the context of feminist counseling, effective crisis intervention either by telephone or in person, can be helpful in supporting and providing empowering options for a victim of mental, physical, and sexual abuse.

By the time you finish this section of the manual, you will have a good sense of the help you will be expected to provide in your role as a counselor and advocate for battered women and sexual assault survivors. Because we would like to have you as a volunteer in our program for a long time, it may be helpful to review the short article on managing one's own feelings. It is important to recognize the symptoms of burnout and talk with a staff person about this issue.

Qualities of a Good Counselor

In giving support to the sexually assaulted/battered woman, it is much more important to communicate understanding and caring than to have any particular background or qualifications. In fact, professional training can sometimes foster the attitude that you are the "expert" who tells the "client" what to do, and if you

have such training you may have to guard against assuming an attitude of superiority. In the peer feminist model, your goal is to help the woman take back control of her life, not transfer it from her abuser to counselor. Certain qualities can help you to be an effective counselor.

Empathy

If you have experienced sexual assault or battering yourself, you will probably be a very effective counselor because you know from personal experience what the woman is feeling and why it is hard for her to leave. The only stumbling block is that you may find that you do not yet have enough emotional distance from your own abuse, and that listening to someone else's story will bring back your own past when you thought it no longer bothered you. If you find yourself talking about your own abuse more than listening to the victim, or insisting that she handle her situation the same way you handled yours, you probably need more time and someone to talk to in order to sort out your own experience. There is no reason to feel bad if this happens; you have as much right to good support to work through your feelings as anyone who calls on a hotline.

If you have not experienced sexual assault or battering, you can be an effective counselor if you are willing to develop empathy for the woman experiencing sexual assault/battering, to imagine yourself in her situation, and to understand the similarities between your experience and hers. The more you learn about sexual assault and domestic violence and the more you really listen to victims/survivors, the more empathy you will develop and the better counselor you will be.

Genuine Concern

The person who is genuinely concerned and communicates this to the woman seeking help will be the most effective in the counselor role. One of the main ways to communicate genuine concern is to listen carefully to the woman, try to understand her unique situation, and letting her know that you are hearing her. No woman fits the “profile of the victim” perfectly, so guard against making assumptions. Another way to communicate your concern is by sharing useful information from your own experience, if this seems appropriate. Such sharing can provide ideas about handling the situation,
as well as breaking down isolation.

Warmth and Acceptance

Your approach to the woman you counsel must be warm and accepting. She will not be feeling strong when she calls you, and it may be a big step for her to call for help the first time. Therefore a critical or cold attitude may discourage her and turn her away without any help. You can only begin to establish a trusting relationship by being accepting of all her feelings and letting her know that you will try to help her and be her advocate no matter what her situation may be. Let your caller know that you believe in her worth as a human being no matter what.

Honesty

Another essential quality is honesty. Often the woman has been to various agencies for help and does not trust either the sincerity of the counselor or the idea that any concrete help is available. Be realistic in giving her accurate information about her options. If you don't know the answer to a particular question (especially legal questions), be honest but tell her how to find out or say that you will find the answer-- then follow through. In helping her access her options, be realistic--don't raise false hopes. Also, be realistic in terms of what commitments you make to her. Once made, commitments to action on her behalf must be kept.

Patience

Patience is a quality, which may be very difficult, especially in working with women who have endured a lot of abuse. You must realize that it may have been years; perhaps a lifetime, and it may take years for her to change. Many women will never make the changes that you would wish for them, and may be satisfied with situations, which would be totally unacceptable to you, but it is still your role to support each woman in making her own life decisions.

In domestic violence situations, many women decide to return to their abusive mates because change is too painful, or to be sure that there really is no hope for the relationship, or because of their ambivalence. Many will later leave again, perhaps permanently. Some sexually assaulted women may decide not to press charges against their perpetrators.

The woman's decision about what to do in a given situation is often not what you would see as an ideal situation and you should tell her what you would see as a better choice and why, but nevertheless support her right to make her own choice, and remain available if her choice doesn't work. It is easy to expect too much, to expect every woman to change her life to fit your vision of her ideal, but you must

patiently tune in to where each individual woman is, what her values and experiences are, what resources and skills she has, what stage of her life she is in, and what changes are realistic for her. If your support helps her move only one step forward toward a better image of herself and toward her own definition of a better life, you have a right to feel good about your work.

THE HELPING RELATIONSHIP

A general dictum among people helpers says that if I want to become more effective I must begin with myself; our personalities are thus the principal tools of the helping process...

--The Helping Relationship, Lawrence Brammer, 1985, p. 25.

A helper relationship is determined by the following helper characteristics:

- The degree to which the helper is aware of self and personal values ... the helper needs to ask herself questions such as, Why do I want to do this? Why is it important? How am I about suspending judgment of others? How much do I project myself in seeing others?
- Awareness of cultural experiences ... a helper needs to be knowledgeable and understanding of differences in life experiences.
- Ability to analyze their own feelings.
- Ability to serve as a role model and positive influence.
- Altruism ... what are my personal needs involved in helping others?
- Strong sense of ethics ... can I handle confidential information? Can I empower women?
- Responsibility... how responsible can I be about the expectations of this relationship, terminating it, referring the person, judging effective actions, etc.?-Adapted from the Pennsylvania Coalition Against Rape training manual

THE VICTIMIZATION PROCESS

Each woman affected by domestic violence/sexual assault is a unique individual. In addition, each victim of abuse finds herself in a complex situation. Her response to her situation will be unique, internalized values make her dependent emotionally and economically on her mate and perpetuate her feelings of worthlessness.

Her community does not provide her with resources to either deal with or leave the situation. And she faces the practical problems of survival, often with children and no income. Her situation can be understood as a process of victimization. Within this process of victimization, her feelings and the kinds of support she needs will differ.

When the first incidents of violence occur, the woman's initial reaction is usually disbelief-how could such a thing be happening to her? How could the man who loves her do this to her? She may also feel responsible for the incident and begin to feel the shame and embarrassment so characteristic of the battered woman. This keeps her from going anywhere for help or sharing her experience with family and friends. She is concerned about protecting the family image. In addition, she usually feels hopeful that this is a one-time incident, and that by changing her actions, she can prevent further violence-she tries to be more pleasing to the husband, to be a "better wife," to keep the house neater, to stay out of his way when he is angry, and not express feelings that might make him angry. Her husband is usually remorseful and promises never to hit her again. They both believe him.

After more incidents of violence occur the woman begins to be afraid for her safety and her children's safety. She may still deny that the problem is serious, and may make excuses for her husband and efforts to change herself, but when violent incidents occur, she begins to turn outside for help- to her family, the police, the courts, social service agencies, ministers, and hotlines. The response of her family and friends is very important, because if she has their support and understanding, she can withstand a negative response from the community or criminal justice system and begin to find ways to change her situation without moving further down on the victimization Scale. A positive response from the criminal justice system, a community agency, or a battered women's hotline at this point can also provide enough support for her to begin to move out of victimization. However, if she finds no help at this stage she may move further into the victim role and begin to internalize the guilt and sense of failure constantly reinforced by her husband. The woman will still be looking to a counselor mainly for information, but will also benefit from some assistance in sorting out her feelings and setting goals.

Since she will have begun to blame herself, you can be helpful in reinforcing a positive self-image and giving feedback and positive support.

Also, you can help as an advocate in dealing with police, courts, and agencies. With someone to believe in her, the woman can basically work it out on her own.

After years of abuse or a series of life-threatening incidents, the victim may be characterized by passivity and hopelessness. She has internalized her anger, and turned it against herself: she feels worthless, guilty and often suffers from physical problems such as digestive disorders, headaches, or asthma. She lives in fear, is often jumpy and has nightmares, yet accepts this as normal and tells without emotion stories of abuse, which arouse fear and outrage in the listener. Her sense of powerlessness and shame, as well as physical injuries, keep her inside more and more, and she accepts abuse as her lot. Often she becomes depressed and turns her anger against herself, resulting in suicide or self-mutilation. Some victims' long-repressed rage erupts, and they murder their abusers.

Often women who have grown up as severely abused children never question their husband's right to beat them or the idea that they are worthless and deserve such treatment. At this point, it is not unusual for the woman to be hospitalized for injuries.

When a woman has been victimized over a long period of time or intensely for shorter periods, she needs a great deal more from you than information, support and advocacy. She may be characterized by an ability to act on her own behalf and by a distorted sense of her own worth and of reality. Therefore she is often unable to use information about resources, or even to hear it clearly. You must begin by being supportive, accepting, and encouraging. It will usually takes a long time to build trust in this situation, since the woman has learned not to trust either herself of her world and is very isolated. As she begins to trust you and you've hope of changing her life, she will often need a lot of help in structuring her actions, learning to make decisions and plans, and will need you to take quite an active advocacy role at first. You can help by planning with her specific, small tasks at which she can succeed, by reinforcing reality (both positive realities about the woman's worth and negative reality about the seriousness of her situation), and by giving her lots of reassurance. Often she will also need individual feminist therapy as well as hotline and group support, and such a referral can be made after she has begun to trust you.

-Adapted from Counseling the Abuse Victim, by Linda Shaw for PCADV

COPING STAGES OF BATTERED WOMEN

It's My Fault

Abuse is caused by their own failings

Minimization

Rationalization

It's Your Fault But I'll Help You

Focus on changing abuser's behaviors

Feel responsible for abuser

It's Your Fault and I hope You'll Change

Feels like a victim

Thinks about leaving

The Healing Process for Survivors

The purpose of this section is to explore some of the issues involved as battered women who have survived their victimization work through the healing process to become victors, in control of their own lives and, beyond that engaged in the movement to end violence against women and children.

As pointed out earlier, once a woman has left an abusive man, all of her problems are not over; one of the next steps in her survival may be resisting continued threats and pressures from the abuser.

If the woman succeeds in leaving the abuser permanently, she may expect to go through a number of stages in the post-separation process:

Grieving

Despite the fact that her previous relationship was characterized by abuse, a formerly battered woman may expect to go through a period of grieving the death of the relationship. This process is described in the self-reflection on Stage of Grief.

Healing

The healing which follows grieving is characterized by the woman's growing conviction that she is a worthwhile person. The second selection suggests attitudes that are positive and useful for a woman to develop.

Empowerment

The process of healing is further facilitated through the woman's individual empowerment. In addition to the other aspects and methods of empowerment counseling covered earlier in this manual, support groups battered and formerly battered women are particular powerful contexts for helping women heal From The Inside, as described by a former shelter resident whose poem appears at the front of this section. Formerly battered women may move from supportive roles in such a group to becoming program volunteers or paid staff.

Activism

Finally, a formerly battered woman may transform the healing process into the impetus for becoming involved not only in providing services to victims, but also in the larger movement to liberate women and children from violence in their lives.

What Can a Battered Woman Do?

Above all, a woman has to determine her own best course of action. Positive measures such as confiding in a relative, talking seriously with friends, or consulting with a counselor are steps in the right direction. With the help of informal and formal help sources, including individual counseling for the husband as well as herself, a woman may be able to bring an end to the problem. Please note, however, that the problem and the responsibility for the problem rest with him. Couples counseling where there is violence involved is not an appropriate option; until the violence has ended both parties cannot be viewed as equal participants in the process.

It has been observed that abused women need to develop better feelings about themselves-that is, change their self-image. In a book, *Stopping Wife Abuse*, by Jennifer Baker Fleming, the following attitudes are suggested as positive and useful:

* I am not to blame for being beaten and abused.
* I am not the cause of another's violent behavior.
* I do not like it or want it.
* I do not have to take it.
* I am an important human being.
* I am a worthwhile woman.
* I deserve to be treated with respect.
* I do have power over my own life.
* I can use my power over my own life.
* I can decide for myself what is best for me.
* I can make changes in my life if I want to.
* I am not alone; I can ask others to help me.
* I am worth working for and changing for.
* I deserve to make my own life safe and happy.

--From Women's Center of Montgomery County

Stages of Grief

In *On Death and Dying*, Elizabeth Kubler-Ross has identified five stages that people go through in coming to terms with death. Although her work has been done mainly with patients facing physical death, she points out that these stages are equally applicable to the death of a relationship. It is often helpful for a person experiencing the ending of a relationship to be aware of these five stages of grief. Most people find that they experience all five stages before the experience of

grieving is complete. Sometimes they experience more than one stage at a time, or go back and forth between several times. The stages may occur in any order and for any length of time. Being aware of them can help someone in the process of grieving to assess where they are headed, and can be a helpful reminder that they are not crazy, but simply experiencing the normal process of grieving.

First Stage: Denial and Isolation

This is often the initial reaction: "No, it can't be happening to me?" This is often a healthy way to get some distance and perspective on the reality of the situation until the time that the person is ready to deal with it. People in this stage often feel alone and think that there is no one they can talk to about it.

Second stage: Anger

Once the reality that the relationship has ended comes home, the person usually feels anger, rage, envy and resentment. "Why me? Why not somebody else?" This stage is apt to alienate other people but it is very important for the person experiencing it. The person is rightfully angry about being cheated of many things that had been planned for, worked for, and believed in, and is jealous of others who are not facing such a difficult situation.

Third Stage: Bargaining

Patients facing death often try to make deals with God or Fate to postpone the inevitable. Bargains are often based on the guilt the patient wants to make up for past wrongs. In facing the ending of a relationship, the person may try to make bargains with her/himself, feeling that if she/he changes everything she/he feels guilty for, maybe things will work out again. Sometimes, of course, bargaining goes on between the partners in the relationship, but it can also happen internally after the relationship is over.

Fourth Stage: Depression

Sometimes depression may be based on guilt and shame that are unrealistically exaggerated. In this kind of depression, it may be helpful to remind oneself of the real facts and the positive things, however few they may seem. Alternately, depression may be a healthy tool to prepare for the

loss of love objects. In this case it is important to allow this grief to be fully experienced, through thinking about the loss, talking about it, and crying over it. A supportive and accepting listener may be helpful during this time.

Fifth Stage: Acceptance

Eventually, the person experiencing loss has worked through all these feelings and is resigned to the situation. The past no longer has the power to evoke uncontrollable or heavy feelings. The dying patient is ready to face death; the person ending a relationship has faced the death of that relationship, learned from it, let go of it, and is ready to move on.

Importance of Groups

Many hotlines and shelters have begun support groups for battered women and have found this to be a very effective method of counseling. Since the battered woman is even more isolated than most women, a support group is often the first time she has met other women in her situation, and this can be a powerful experience in her realization that this is not just her "problem" or "failure". Also, the group setting provides the opportunity to build emotional and practical support systems among other women who understand. This in turn lessens her dependence on men for help and for her sense of identity and thereby makes her less vulnerable to continued abuse.

Often in groups for battered women the same processes happen as in a feminist consciousness-raising group. By sharing experience, discovering similarities both among the members and between themselves and facilitators who may not have been battered, they can begin to get in touch with the oppression they all share as women and to understand the societal context of the problem of battering. Individually, this realization is an empowering process, relieving woman of guilt and self-doubt and connecting her to a sisterhood that will support her to grow.

Sometimes the group is the only place where the battered woman can feel safe from her attacker and let down her guard. While in the group, she is physically safe and can begin to relax emotionally as well. In her home she must constantly

assess her husband's mood and control her emotions according to his reactions, showing only those emotions, which will not antagonize him at any given moment. In the group she finally has the freedom to be genuine, and to feel and express anger, fear grief, and love without worrying about his reaction. This is a freeing experience, which allows her to know her own feelings more clearly.

Another important function of the group is to impart information about laws concerning abuse, realistic options of the victim, available support systems, and information about the victimization process and what is being learned about the dynamics of battering and of the relationship between the abuser and the victim. Sharing of information is important both from the facilitator to the group and among the group members. Outside speakers and resource people can also be brought in, such as lawyers to discuss abuse laws and volunteers or former victims to share their experiences about going to court, parenting, forming new relationships and other areas of concern.

Finally, the group process provides a shared reality or vision of the problem of battering on which the woman can rely. She knows that she can depend on the group not to buy into any of the myths of battering and to support her as a competent person even when she loses faith in herself. The group provides reliable support for change and each woman who grows a little gives encouragement to the others, and as this process continues, it empowers each woman to take charge of her life.

-From Counseling the Abuse Victim, by Linda Shaw for PCADV

SEXUAL ASSAULT ISSUES

discovery that his genitalia could serve as a weapon to generate fear must rank as one of the most important discoveries of pre-historic times, along with the use of fire and the first crude stone ax" (Brownmiller, Susan. ***Against Our Will).*** The imbalance of power between men and women has been perpetuated through the constant threat of physical and sexual violence against women. "It is nothing more or less than a conscious process of intimidation by which all men keep all women in a state of fear" (Brownmiller, ***Against Our Will).***

Over the years, violence against women has become widespread and the incidence of rape increasing drastically. The Uniform Crime Report in 1989, a total of 92,486 rapes were reported. Unfortunately, these reported rapes represent only the tip of the iceberg. It is widely accepted that rape is one of the most underreported of all major crimes. These statistics, therefore, are believed to greatly under reflect the actual incidence of rape in this country. The FBI also reports that rape rates have risen four times as fast as the total crime rate in the last ten years (UCR, 1989) and the actual numbers of rapes occurring annually are

estimated to be between 200,000 and 900,000.

Rape is a crime of violence. It is an act of aggression that is expressed in a sexual manner, in order to humiliate and degrade the victim. All women are potential victims of rape regardless of age, race, class, physical appearance, income, or educational level. Through the battered women's and anti-rape movements, rape and sexual assault have been recognized as a product of our sexist society. In the context of this sexist society, women must work together to help end sexual violence. Rape is a crime that can change a person's life but through emotional support, advocacy, and education, the rape victim can recover and integrate the sexual assault into her life to become a survivor.

Rape Poem

There is NO DIFFERENCE between being raped
And being pushed downs a flight of cement steps
Except that the wounds also bleed inside.
There is NO DIFFERENCE between being raped
And being run over by a truck except that
Afterward men ask if you enjoyed it.
There is NO DIFFERENCE between being raped
And being bit on the ankle by a rattlesnake
Except that people ask if your skirt was short
And why you were out done anyhow.
There is NO DIFFERENCE between being raped
And going head first through a windshield
Except that afterward you are afraid
Not of cars but half the human race.
The rapist is your boyfriend's brother.
He sits beside you in the movies eating popcorn.
Rape fattens on the fantasies of the normal male
Like a maggot in garbage.
Fear of rape is a cold wind blowing
all of the time On a woman's hunched back.
Never to stroll alone on a sand road through pine woods,
never to climb a trail across a bald
without that aluminum in the mouth
when I see a man climbing toward me.
Never to open the door to a knock
without that razor just grazing the throat.
The fear of the dark side of hedges,
the back seat of the car, the empty house
rattling keys like a snake's warning.
The fear of the smiling man
in whose pocket is a knife.
The fear of the serious man
in whose fist is locked hatred.
All it takes to cast a rapist is seeing your body
as jackhammer, as blowtorch, as adding-machine-gun.
All it takes is hating that body
your own, your self, your muscle that softens to flab.
AII it takes is to push what you hate,
What you fear onto the soft alien flesh.
To bucket out invincible as a tank
armored with treads without senses
to possess and punch in one act,
to rip up pleasure, to murder those who dare
live in the leafy flesh open to love.

By Marge Piercy

RAPE TRAUMA SYNDROME

Rape Trauma Syndrome (RTS) is an acute stress reaction to the threat of being killed, resulting from either a completed or attempted sexual assault
Not all the reactions encompassed by RTS are experienced by each survivor, but instead, represent a range of possible reactions. RTS reactions vary from individual to individual.

- Acute Phase: Disorganization (1-6 months)*

  Lasts day to weeks, often overlaps into long-term phase

  A. Immediate Impact Reactions

  1. Shock/Disbelief: "Did it really happen?" "Why me?"

     Two Styles

     Controlled: relates details of assault in a flat voice, without showing Any emotion (calm, composed, lack of affect), hidden feelings, numb

     Expressed: visibly upset, anger, fear, anxiety

  B. Physical Reactions

  1. Shock (symptoms may include, inability to concentrate, blood pressure changes, rapid pulse, facial pallor, etc.)
  2. Sleeping and/or eating pattern disturbances
  3. Specific area complaints
  4. Comments focus on force used during assault
  5. Comments focus on sexual act
  6. Disrupted sexual functioning, loss of libido
  7. Difficulty in concentrating

  C. Medical Issues

  1. Physical injury
  2. Sexually Transmitted Diseases, including **AIDS**
  3. Pregnancy

  D. Emotional Reaction

  1. FEAR: of retaliation, of meeting the attacker, of being alone, of community stigma, of having been threatened with death, mutilation, injury
  2. Helplessness and loss of control
  3. Repression, denial

  Minimize assault, (e.g. assault results in slight or no physical injury:

     "He didn't really hurt me")

     No expression of anger

  4. Feelings of shame, self-blame, guilt, humiliation, embarrassment

  May have been forced to say affectionate things to rapist

5. Degradation

Forced into sexual acts not within usual, consensual relationships

Probably will not tell you everything

6. Anger, revenge, retaliation

May feel guilty about feeling angry

Inability to cope with own rage and hostility

7. Irritation

Irritated with people first few weeks

Mood swings, overreactive

8. Depression, ranging from moderate to severe

9. Loss of self-esteem, altered self-concept

10. Anxiety

Immediate fear of safety (Security check from local police crime prevention unit may reduce anxiety)

Fatigue (lack of sleep or depression?)

Difficulty in concentrating

E. Thoughts

1 Tries to block memories

2. How to un-do what happened "If only I had ..."

3. Thoughts of assault often occur daily

4. Able to cope with experience, understands range of feelings are due to post-assault

11. Denial Phase (1-3 months)*

A. Discussions Avoided

1. Own anger not expressed

B. ***Thoughts Avoided***

1. Attempts to forget assault, views assault as event of the past

2. Daily thoughts of the assault cease

111. Long-Term Process: Reorganization (6-12 months)*

A. Lifestyle Changes

1**.** Physical lifestyle--possibly more health problems

2. Psychological lifestyle

Dreams and Nightmares

Similar to rape

Subsequent mastery

Flashbacks, intrusive imagery

Fear of: Crowds, Being Alone

Sleeping Similar Locations

People in general or specific people/groups

Loss of self-esteem

3. Social lifestyle-trade freedom for security
   - Upsets normal routine
   - Level of functioning
   - Avoids leaving home
   - Dropping out of school/absent from work
   - Frequent visits with family or avoidance of family
   - Move, change job or phone
   - Strong need to get away change of scenery
   - Family conflicts
   - Violation of trust issues, lack or loss of support from significant others
   - LOSS of privacy
   - Angry at losing freedom

IV. Integration/ Recovery (Follows Reorganization)

- Feeling safe again and in control
- Ability to trust
- Freedom from fear
- Blame placed on assailant
- Perceives self as normal
- Expresses and resolves anger

Factors Aiding Recovery

- Family/significant other support
- Positive self-esteem
- Support from systems--police, medical, court

Factors Delaying Recovery

- Prior sexual assault/abuse
- Negative self-esteem
- Poor social support
- Simultaneous problems
- *Family
- Recurring Problems--(Alcoholism)
- Point of Life Cycle
- *Developmental crisis
- *Prior sexual experience

Style of attack - blitz/acquaintance

Additional symptoms
*Increased physical ailments (psychosomatic)
*Depression
*Increased drug/alcohol abuse
*Suicidal behavior
*Psychotic behavior
*Time frames are assuming the victim has the opportunity to discuss her/ his emotions shortly after the assault, receives appropriate support, and prior life issues do not compound recovery. Without support, it is not uncommon for several years, sometimes as many as **10** or 20 years, to pass before the victim is able to integrate the assault.

V. COMPOUND REACTION

A. Elements Prior to Assault

1. Prior sexual assault/abuse
2. Psychiatric condition
3. Behavioral problems
4. Physical problems

B. Elements after the Assault

1. Need for more than crisis intervention
2. Possible recurrence of previously behaviors **(i.e.** recovered alcoholic resumes drinking, recovered bulimic resumes binge/purge eating, etc.)

VI. SILENT REACTION

A. Reported to no one

B. Feelings and reactions ignored

FEELINGS FREQUENTLY REPORTED BY RAPE VICTIM

Rape is sexual contact without consent gained by force or the threat of force. Rape is a humiliating physical and psychological attack; its effects can be shattering. The first call for help from a rape victim may be the most important. It can be hard for the victim to make that call. Given the fabric of myths unfavorable to the victim that society has created around rape, we can understand that the victim will be frightened to hear herself say to another person that she has been raped. At a workshop on rape, a rape victim told us that rape victims place a lot of responsibility on the person they call for help. Therefore, when a rape victim calls you or comes in to see you, it is important to help her immediately as much as you can in practical concrete ways, and to create a feeling of mutual trust, security and competence so she will feel comfortable about calling you or your group again if she needs you.

To help you assume this responsibility we have listed below common

feelings and potential problems that rape victims and anyone to whom a rape victim turns for help, friend or stranger, should be aware of. This section was originally written for people who would be staffing a rape crisis line. However, the information contained here will be useful for anyone, professional or friend, to whom a rape victim turns for help.

Fear of People, Sense of Vulnerability

The rape victim frequently finds that she fears people and that she feels vulnerable as she goes about the regular activities of her life. She may keep her curtains drawn night and day; she may jump at certain sounds; she may glance behind her, she may not go outside at all. She may be particularly attuned to sexual innuendos, stray looks, pats, pinches, feels, etc. which she realizes, due to her heightened awareness, are all around her, but which she used to take in stride. Now they terrorize her. I t may reassure her to know that these feelings are experienced by many rape victims and that they often remain long after the rape. She should try to be with friends and build up her self-confidence again. This process is particularly difficult for the victim when her attacker was someone she had trusted. In this case, not only her faith in others but her faith and trust in her own judgment has been undermined by the rape. She will need time and support to regain a realistic trust in herself in relation to others.

Loss of Control Over Her Own Life

The rapist has forced her to submit to something she did not want to do. Possibly, she harbored some ideas before the rape that rape couldn't happen to her, that she would be able to resist or that she could take care of herself. Since the rapist overcame her resistance by force or fear, she no longer feels sure of anything about herself and her self-determination. Sometimes even little decisions like whether to have a cigarette or whether to eat become momentous things. The victim practically has to repossess herself after the rapist took possession by force. She has to reassert the value of doing things for herself, has to insist to herself that she is worthwhile and that she still has willpower and control over herself.
A related aspect of fear of people and loss of control enter when the victim has followed a life style of trusting people, leaving doors open, talking to strangers, making friends in odd places, hitchhiking across country, and so on. She may feel that in addition to her body, the rapist has stolen her whole way of life. How can she return to her former freedom and trust when rape has happened to her? Hopefully, this frustration can develop into a combination of realistic alertness, constructive anger and action to combat rape and its consequences.

Fear Of The Rapist

However, he did it, the rapist overcame the victim's resistance and forced her to submit to his sexual demands. She has been robbed of self-volition and made helpless. She has faced the possibility of violent injury or death. I f he was successful once, might he not try again? The need we all have to preserve ourselves from bodily harm or even tried to kill him, as some victims have said they would do, she may be killed herself.

Fear of attack under these circumstances is a normal human fear. She is not crazy or paranoid to fear the attacker. She may also fear people who remind her of the attacker. This is not crazy either. The pain of the experience, mental and physical, is still fresh in her mind. She needs positive assurance from those around her that life is worth living and she needs to explore alternative ways of coping with her fear of attack.

She should be given calm, step by step instructions on what to do if the attacker does show up. Talk about the attacker. If she knew him, does she think he'll come back? If so, encourage her to plan accordingly. If he was a stranger, does he possibly know her name, address, or phone number? Suggest that she alert her employer not to give any information about her to anyone. She could seek police protection by reporting the rapes. The more she calmly talks about the rapist, the clearer she will be about her plan for action if he should return. She may decide to get a protective dog, to take training in self-defense, to develop a warning or "help" signal with a friend or neighbor; she may memorize the police emergency phone number or have it written on the phone, etc. Whatever she decides, her plan should be clear in her own mind and simple to put into operation even when she is emotionally upset.

Taking About Her Rape vs. Risks of Telling

Talk to the victim about telling her friends or other people. She may feel compelled to tell everyone she sees, or she may feel she has to hide the rape from everyone. She may find it difficult to articulate out loud, even to herself, the fact that she has been raped, let alone to share this fact with another individual. She is taking a risk by telling people about the rape since some people will not be supportive. She may not be ready to stand up to their fears, doubts, or real or implied accusations, especially if they are friends or if they know the rapist and tend to protect him. She needs to see the dangers of being frank to everyone and to evaluate each situation as it arises before telling someone. Nevertheless, supportive friends and relatives are invaluable to the victim in dealing with the rape. Some

rape victims never call any rape crisis line, perhaps because they have people to talk to who will support them for as long and as intimately as they need to be.

Concern For the Rapist

Many victims have expressed concern about what will happen to the rapist if he is reported to the police. Some victims want psychiatric help for the rapist rather than jail. Perhaps these attitudes are the result of the victim's effort to understand what happened and what her contributions were to the assault. If no physical beating or other violence occurred, some victims even say that is not worth sending a man to jail.

It is human to show concern for another human, especially one in trouble. But she must not let this feeling obscure the fact that he did attack her. In feeling sorry for him she should not repress her anger for the indignities she has suffered just as most robbery victims wouldn't think of forgiving and forgetting someone who robbed them.

Anxiety, Shaking, Nightmares

Victims often react after physical attack with shaking and anxiety. The relief of having made it, the shuddering at the thought of how close to death she was are expressed in this way. The victim remembers the incident. The trauma goes so deep that she may have nightmares. She thinks what she could have done and she thinks what he could have done. Continued support from all around her and reassurance that she is physically safe and can do things to protect herself will help these symptoms of trauma dissipate. The nightmares will continue, perhaps, but will not be as vivid.

The next five symptoms or reactions--guilt, why me? shame, embarrassment, and stupidity--are treated together because together they represent a tendency which numerous social and psychological studies have documented. Women are taught that they are especially responsible for sexual contacts which go 'too far', and women's feelings about that forced contact frequently reflect the feelings they have been taught to have about other sexual events. If women are caught in this line of thinking, they perceive rape as just such a contact that got out of hand, rather than as an aggressive act.

GUILT

Many women tell us they feel guilty about the rape. They may fear that they 'asked for it' **or** provoked it by their actions. They may feel they did not resist enough. Horrible as it was, they may also feel that because we often hear that women really enjoy being raped, somehow they did. They may feel guilty for looking nice, for giving the rapist an opportunity. Where do these feelings come from? These feelings are the results of society's myths and misconceptions about sexuality and rape. These myths say that men cannot control themselves. They say that women who go out alone at night or who hitchhike are "asking to be raped". If the victim spoke to the attacker once, she may feel she was at fault. These feelings are the direct result of knowing what society thinks and worrying what society will think of her now. Positive, unwavering support and calm objective talk about the absurdity of these destructive myths can help her see that she is not the one who should feel guilty. Ask her this: Why should anyone feel guilty for being the victim of an attack?

Wondering - Why Me?

Some women wonder why the rapist chose them. What is it about them that separated them from other women? These feelings arise from the common mistaken belief that rape happens to women who 'ask for it,' or who in some other way made themselves noticeable. These beliefs are wrong; anyone can be raped. To help the victim see this, try to get her to tell you how she came in contact with the rapist and what contacts she had with the rapist before the rape occurred. The rapist probably already knew where he could rape someone without interference and waited until a woman happened into that spot. It might have been a room he knew was empty or a dark corner or deserted parking lot. He may have maneuvered the situation to get someone there. In short, she should be reminded that the rapist made the decision to assault her.

Shame

The destruction of self-respect, the deliberate efforts by the attacker to make her do things he knows she and society detest, to make her feel dirty and disgusting, may make her ashamed. That she submitted at all, even if at knife point, may make her feel ashamed. Society's attitudes toward sex and different sexual acts are all reflected in her shame. The victim who feels she has been violated needs not feel shame where no choice was involved.

Embarrassment

There can be two kinds of embarrassment. She may be embarrassed to discuss the physical details of the assault. Our bodies have always been regarded as private and her privacy has been stripped from her by another. Telling anyone at all may be painful. The other kind of embarrassment is one we have all felt at times. It can be embarrassing to admit that such a thing could happen to us at all.
A victim's conversation with you should be private and serious. She needs to feel confident talking to you and feel right about her choice of whether or not to tell anyone else. If she wants to tell anyone else, she needs to feel safe in talking to you about further revealing her story and should receive any help she feels is necessary to make further revelations. There are many reasons given for not telling parents, or police, for instance, but try to help her if she decides to try.

Stupidity

The extent of her mistake that led to the point of rape determines how really stupid she feels. I f she was hitchhiking, for instance, she may blame herself for the rape because she knew it would be risky. It is good to admit an error and to try to be more cautious in the future, but an admission of error must not hide the fact that she was attacked. She was not the attacker. No person asks or deserves to be raped no matter how thoughtless or careless they were.

Anger

This is the most appropriate attitude. When someone burglarizes our homes or runs into our cars we are angry. The victim has been attacked and humiliated, so she should be angry. She can press charges. She can tell other women about the attacker or the situation he created leading up to the attack.

In Summary

The victim needs calm, reassuring, unwavering support. She needs to know that she is not crazy. She needs help to restore her dignity and self respect. She need not feel ashamed or guilty. She needs to see the total rape experience for what it was, an attack on her whole being. The rape cannot be allowed to become a dominant factor in her life. Such an assault is terrifying experience that she must incorporate into her life, and then continue living as a stronger woman. It would be damaging to repress the experience or to negate her own part in it, however small.

It is difficult for a victim to call a stranger and say: "I was raped!" Consequently, the beginnings of a conversation with a victim are very important. Be calm, supportive. Explore with her reasons why she may be feeling any feelings she describes to you. It is not important for you to know all the details of her assault. You only need to know those details that can help her sort out her feelings and put the rape into proper perspective. A good start is often to see if she has seen a doctor. There are practical details she can talk about until she's ready to talk about her feelings. Is she reporting to the police? Is she afraid he will come back? Always give her the feeling you believe her, that you understand her situation and that you are firm in your own feelings about rape. She may not want to talk deeply with you, but she may want to listen to tell her how other victims have felt. Your concern for her as a person and your knowledge and confidence in your beliefs will go a long way. Remember that she may not know how she feels and what she wants. It is up to you to help her explore what she is really feeling.

Be prepared to talk as long as she needs you. Be sure to tell her she may call anytime or at what times she may call. Tell her your name and give her your phone number. Try to be sure she has a friend or relative whom she trusts since she may need them.

RIGHTS OF RAPE VICTIMS

Every victim of sexual assault should have the right:

- ✓ To be treated with dignity and respect by institutional and legal personnel
- ✓ To have as much credibility as a victim of any other crime
- ✓ To be considered a victim of rape when any unwanted act of sex is forced on her/him through any type of coercion, violent or otherwise
- ✓ To be asked only those questions that are relevant to a court case or medical treatment
- ✓ To report or not report the rape to the police
- ✓ To receive medical and mental health services whether or not the rape is reported to the police, and at no cost
- ✓ To receive medical and mental health treatment, or participate in legal procedures only after giving her/his informed consent (information should include all possible options)
- ✓ To be treated in a manner which does not usurp control from the victim, but which enables her/him to determine her/his needs and how to meet them
- ✓ To not be ex**posed** to prejudice against race, age, class, lifestyle, or occupation
- ✓ To have access to support persons, such as advocates, outside of the institutions

- ✓ To have access to peer counseling
- ✓ To be provided with information about her/his rights
- ✓ To have the best possible collection of evidence for court
- ✓ To not be asked questions about prior sexual experience
- ✓ To have common reactions to rape, such as sleeplessness, nightmares, hostility towards men, anxiety, fear, etc. not be considered pathological behavior
- ✓ To have access to a secure living situation, or other measures which might help to allay fears of future assault
- ✓ To be assured strict confidentiality
- ✓ To be considered a victim of rape regardless of the assailant's relationship to the victim, such as victim's spouse
- ✓ To have deterred her/his assailant by any means necessary. No victim should be criminally prosecuted for harming the assailant during or within a reasonable period of time after the rape; or for harming the assailant in the process of preventing a rape
- ✓ To have medical treatment without parental consent if she/he is a minor
- ✓ To have access to supportive legal advice
- ✓ To have a preliminary hearing in each case when an arrest has been
- ✓ To have the case prosecuted by criminal justice personnel who support the victim, if the case goes to court
- ✓ To be advised of the possibility of a civil suit

-Rape Crisis Center, Washington, D.C., 1976

INCEST

Not until recently has the full dimension of the problem of incest been recognized. The long term after effects were often ignored or discounted and victimization was rarely addressed by traditional mental health practitioners. For the adult survivor, long term effects of incest may lead to an interference of day to day functioning. These long term effects can be so pervasive that everywhere she looks, the effects can be seen and felt. However, the effects of incest do not have to be permanent and healing can take place.

In order to recognize these long term effects, an advocate/counselor must know how to identify feelings and provide an environment of support for the adult survivor. Within most incestuous families, secrecy, guilt, power, and rivalry is perpetuated. Because disclosure of the incest relationship is detrimental to the family, the survivor is constantly reminded to keep silent.

Effects of Incest

Medical/Physical

The medical/physical effects for an adult survivor may include weight problems, migraine headaches, severe backaches, a distorted body image, gastrointestinal and genitourinary problems, inability to concentrate, lethargy, asthma, and arthritis. Oftentimes an area of the survivor's body that was injured during the incest will develop problems at a later age, such as severe pelvic pain.

Social

These effects include feelings of isolation or of being different from other people, difficulties with establishing intimate relationships, an inability to identify and express feelings, and concern about the image she projects to others.

Sexual

Long term effects on an adult survivor's sexuality include an inability to function sexually, inability to relax or experience orgasm, and promiscuous behavior. Adult incest survivors often report difficulties with feeling sexually aroused and emotionally close at the same time. Certain sexual behaviors within a survivor's current relationship may act as a trigger leading to flashbacks of the incest.

Psychological/ Emotional

Adult survivors often feel the abuse was their fault and may express emotions of fear, helplessness, guilt, and anger. They may direct their anger towards themselves, resulting in some form of addiction, eating disorder, or self mutilation. Addictions include alcoholism, drug usage, smoking, and compulsive eating. All of these help the survivor numb feelings temporarily, suppress memories, and escape the pain of incest.

Eating disorders such as anorexia and bulimia, help a survivor assert control in regaining the power she lost during the incest. Self mutilation is also an attempt to control as well as a means to express anger.

Adult survivors may also direct their anger towards significant others who failed to protect them, such as a non-abusing parent, sibling, or relative.
For adult survivors, numerous coping methods are used to survive the sexual abuse. Some coping strategies include denial, withdrawal, detachment, isolation,

minimizing, rationalizing, and splitting.

Oftentimes, when the pain becomes to great, adult survivors will attempt suicide. As children, they may escape the pain and terror by dissociating, and due to severe trauma and repeated abuse, develop Multiple Personality Disorder (MPD). MPD is a survival tool and a way to adapt to intolerable pain and trauma. PMD allows the survivor to do just that, survive.

Incest survivors experience a poor sense of self-esteem, a feeling of powerlessness, and a fear of being crazy or different. Adult survivors may often have problems with interpersonal relationships and report them as being empty or superficial.

The role of a counselor/advocate with an adult survivor of incest is to create an atmosphere where she feels safe to talk and express feelings. The counselor's basic assumption should be that the victim is never to blame for the abuse. The counselor should listen, help the survivor see herself as a survivor, and reduce some of the feelings of helplessness and increase self-esteem.

The advocate may also recommend group counseling at the Women's Center to help break the isolation the survivor may feel. The feminist perspective to counseling adult survivors of incest focuses on the experiences of the survivor and views incest as a consequence of a child's less powerful status in our society. The perpetrator is held responsible for the incest and support for the survivor is most important.

--Adapted from: *The Courage To Head* by Ellen Bass and Laura Davis; *Women's Therapy Groups - Paradigms of Feminist Treatment,* by Claire *M.* Brody

EMPOWERMENT AND OPTIONS COUNSELING

Counseling with victims of sexual assault and domestic violence is most often crisis, short term counseling which can be characterized as supportive and educative. Along with helping women and their children secure safety, the primary goal of this counseling is ***empowerment.***

Empowerment counseling is a non psychotherapeutic helping method in which abused women take control of their lives by making choices and by assisting other women. Empowerment counseling invests the victim with the power and authority to act by offering her support, resources, advocacy, information and education. It builds upon the victim's strengths and assumes that abused women heal most effectively when they help themselves and each other. The goal of the helping process is to equalize power between the advocate and the victim, thereby acknowledging the victim's competence and enabling shared growth.

Empowerment Options counseling utilizes peer support, which has been defined as follows by PCADV's Program Model Committee: *an individual or group process by which people with similarities of experience age, or background provide friendship/understanding and/or suggestions to a person going through a difficult time or confronting a problem situation.*

"Setting the stage" to engage in empowerment counseling with a sexually assaulted or battered woman may entail allaying her initial concerns about seeking help, as discussed later in this section (see *Concerns About *king Help)).* How power can be shared with a woman who seeks our help, from the time of her first hotline call, is described in the next selection, followed by a comprehensive summary of the principles of empowerment counseling. On a practical level, empowerment counseling involves exploration of options. These include, of course, the services offered by your program and other services available in the community, as well as legal options, which are discussed in other parts of this manual.

Definitions

Empower: to give power or authority to; to enable or permit; to invest with power or authority; to authorize.

Empowerment Counseling: is a wellness-based method in which battered women/sexual assault survivors become increasingly able to take control of their lives. The philosophical basis of empowerment counseling assumes that victims/survivors of abuse can determine what is best for their lives if they are offered support, advocacy, resources, and information. As victim/survivors recognize the equalization of power between themselves and the helpers, they become able to acknowledge their power and authority to act. Empowerment counseling includes consciousness-raising as a method which creates a shared understanding of the ways in which sexism is institutionalized, pervading every aspect of our lives. This understanding may elicit anger about the social climate which fosters abuse, but it also creates a shared appreciation of women's experience and women's unique strengths. The goal of empowerment counseling is not only to return control to victims/survivors, but to involve survivors in assisting other victims/survivors and building a collective strength among all women.

Clarification: Empowerment counseling is not just for women. Yet it is primarily women who are sexually assaulted and battered so the model for this program's work is women-helping-women. The components of the

empowerment counseling definition can be extracted and applied to male victims working with male or female helpers who have a feminist understanding of victimization. For example, battered men can also determine what is best for their lives. Further, the equalization of power, the affirmation of competence, and the use of consciousness-raising are all processes important in any counseling endeavor.

Philosophy of Empowerment: As a result of oppression, women have been made to feel powerless; that they can't control their own lives, don't have control over their bodies, and can't change things that hurt them. Sexually assaulted and battered women, in particular, have been told that they are worthless, stupid, incapable, and responsible for the pain they feel. Therefore, counseling must contradict these lies and help women gain a sense of personal power and capabilities. Empowerment means women beginning to direct their own lives, to control their own bodies, to decide what they want and to try to get it. This also means taking responsibility for their own actions while recognizing that they are not to blame for the violence against them.

Victim/Survivor: a battered woman/sexual assault survivor may be thought to fall along a victim/survivor continuum, depending on her own development and self-identification. All battered women/sexual assault survivors have been victimized, and in some sense all are survivors. But a woman may cease being a victim in her own eyes once she acknowledges her initial victimization and moves on to change her situation. She may then become a survivor, ready to help others move from victim to survivor.

Wellness-Based: non-medical model; non-diagnostic; recognizes the victim/survivor as a victim of a situational problem, rather than a person with predisposing psychological problems.

Helper: a person working in a battered women's/sexual assault program, who provides emotional support, information, advocacy, and resources to victims/survivors.

WHY EMPOWERMENT COUNSELING?

The Women's Center supports the belief that sexual assault and domestic violence are caused by the unequal power between men and women, both within the family and within our society. Sexual assault and battering are not caused by an illness within the abuser, the victim or the family system. Rather, the abuser batters to gain or maintain control and domination. As the abuser gains a sense of control by violence against the victim, the victim loses control. The mission of this women's organization is, therefore, to help restore the victim's sense of dignity, power, and control. Thus we are committed to using an empowerment model of counseling. This model has three components.

Components of Empowerment Counseling:

Supportive Counseling: Batterers frequently isolate their partners; sexual assault victims are blamed for the violence against them. Resources and information are often withheld from women by their abusers and by institutions which are supposed to help them. Therefore, the woman's primary need is for safety and support. Sexual assault victim/survivors and battered women most effectively overcome their isolation and self-blame by sharing their experiences with others, hearing that they are not alone, and learning that they are not responsible for the abuser's assault. Supportive counseling validates the woman's experiences and helps her recognize her strengths and survival skills.

Advocacy: Because abusers and community institutions like the police and courts, have historically blamed the victim for the violence, it is our role to raise our voices in support of sexually assaulted/battered women and their children. We recognize that the abuser has many continuing sources of power over the victim, including the use of violence and access to their children, and that it is frequently terrifying and life-threatening for sexually assaulted/battered women to deal with their abusers alone. It is the job, therefore, of staff, other victim/survivors, and volunteers to accompany sexually assaulted/battered women through community agencies and to work with these women to insure that they have access to justice and to legal entitlements such as protection orders and public assistance. Because sexually assaulted/battered women as a group have been systematically denied access to justice and to institutions, we also work to change any institutional practice or policy harmful to abused women as a class.

Educational Counseling: Our social and political institutions have historically turned their backs on sexually assaulted/ battered women, blaming them for the violence they endure. Taking their cues from the culture, men who commit violence against women also blame their victims for the violence. Sexually assaulted/battered women may come to our program believing that they are inadequate and responsible for the violence. It is our job to help women untangle the distortions and misinformation. Abused women are entitled to understand that sexual assault/battering is an effort to control and is not caused by alcohol abuse, stress, or psychopathology. Participatory educational groups in which women share their experiences and hear new information are most conducive to achieving these educational goals. Our educational mission is to teach a new analysis of violence against women, to share problem-solving skills and to help women become effective advocates for themselves and others.

Examples of Empowerment Counseling

- Help women think about their situations, to realize they are not alone and that other women have had similar experiences.
- Help women figure out what they want.
- Identify feelings such as fear and powerlessness which may be preventing women from making decisions.
- Share your knowledge about bureaucracies.
- Help women analyze the ways in which violence has controlled and limited their lives.
- Organize a group of battered women as a support and advocacy network for one another.
- Be honest: our lives are not perfect either. Offer your own experiences, if relevant.
- Give women the help and information they need to do things for themselves -even if it sometimes means saying no to their resources.
- Offer resources - who?, what?, when?, where?.
- Help women gain a sense of self-confidence and the ability to take care of themselves.
- Be respectful of women's decisions. Each woman needs to be comfortable with her own decisions. We are here to help women think through their options.
- While realizing and building on the commonality of women's experiences, recognize the difference and diversity of women as well. Equality is not sameness. Women of different races and classes experience life differently.

GOALS OF EMPOWERMENT COUNSELING

- Women, as expert about their own lives, learn to know their strengths.
- Women internalize a sense of individual and collective power.
- Women validate their experiences as politically oppressive rather than as self-caused or irrational.
- Women learn to stand together as a community.
- We supportively enable a woman to take certain risks.
- We turn individual defeats into victories by giving women tools to better control their own lives.
- We demonstrate that collective efforts can better women's lives.
- We help women strategize to insure their safety and independence.
- Women participate fully in the decision making, record keeping, and rule making which affect their lives.
- Victim/survivors of sexual assault and domestic violence become leaders and actors in the movements against sexual/domestic violence.

What Empowerment Counseling Excludes:

Empowerment counseling is not psychotherapy. Most sexually assaulted and battered women are in crisis; they are not mentally ill. Our organizations do not treat victim/survivors of sexual assault/domestic violence. I f women request mental health services for themselves or their children, we refer them to trusted agencies or individuals within the community.
--Adapted by the Women's Center of Montgomery County, from the
PCADV Program Model and *For Shelter* and ***Beyond***

Codependency--Disease of the 90's

Addicted, compulsive and now even abusive individuals can share the blame for their behavior by focusing attention on the codependents in their lives. A term used in substance abuse treatment centers, the "codependent" label refers to the characteristics of the spouse or family members of the addicted individual. A codependent, by being concerned, protective and care giving is actually "enabling " the abuser to continue the destructive behavior.

The problem with the codependency movement is that the "bad" traits are the very characteristics so many women share. We are, by nature and training, caregivers.

We nurture, protect and commit to our relationships. Society has encouraged us to take the supporting role while the males focus on individual achievement and success. Now the strengths we have always relied on are seen as weaknesses severe enough to require that we "recover" from them in order to be "healthy".

For the battered woman particularly, being labeled a codependent is not only emotionally damaging, but dangerous as well. A battered woman has devised methods of coping with an abusive partner that may fit the description of codependent. Abandoning those skills could put her at greater risk.

In addition, labeling a battered woman codependent blames her for the abuse directed toward her and assumes that she contributes to and has control over her batterer's abusive behavior. This concept directly conflicts with empowerment counseling. The suggestion that the woman is in any way responsible for the treatment she receives is demeaning and completely inconsistent with everything we know about domestic violence.

Being a woman is being a caretaker. It is part of the natural process of having and raising children, of weaving relationships into a strong fabric to support a family. It has nothing to do with codependency and everything to do with the strengths of being a woman. Not unlike therapy, codependency has its place, in moderation, in various treatment centers and disciplines. But for battered women, and indeed most women, the label doesn't fit.

--Adapted from A Woman's Place